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the scientific world, in that he takes us into the workshop of his thoughts and unravels the guiding threads which have helped him to master and to set in order the most resisting and confused material." Again in his "Report on Sir William Thomson's Mathematical and Physical Papers" he sees the great merit of Thomson's scientific methods in the fact that, "following the example given by Faraday, he avoids as far as possible hypotheses about unknown subjects and endeavors to express by his mathematical treatment of problems simply the law of observable phenomena. By this circumscription of his field Thomson brought out the analogy between the different phenomena of nature much more clearly than would have been the case if it had been complicated by widely diverging ideas with reference to the inner mechanism of phenomena."

Though Kelvin is often mentioned as a mathematician, this is not correct in the strict sense, inasmuch as he did not add to the methods of mathematics proper. Indeed, it is very doubtful if he knew any more of mathematics at eighty than he did at twenty. He did not need to. For him a thorough familiarity with the methods of Lagrange, Fourier, Cauchy and Green amply sufficed. We never hear him mention a Riemann's surface or an existence-theorem. This we say not as a reproach, nor as an insinuation regarding the fertility of modern pure mathematics, but merely as an interesting fact. These methods may be taught, and in a reasonable time. Let us in America pray for teachers of this science which Helmholtz calls "die eigentliche Basis aller rechter Naturwissenschaft," of the inspiring quality of Lord Kelvin, the high priest of that most alluring goddess of the natural sciences, MATHEMATICAL PHYSICS.

ARTHUR GORDON WEBSTER

CLARK UNIVERSITY,  
December 22, 1907

#### *MEDICINE AND THE UNIVERSITY<sup>1</sup>*

I BELIEVE that I make no mistake in assuming that the honor of the invitation to deliver this address came to me mainly through the official position which I chance to hold in the Association for the Advancement of Science and the desire to give prominence on this occasion to the sciences of nature in view of the approaching meeting of the association in this place. I must, however, disclaim any especial competence to speak for these sciences, and I know not where there is less need in our country of emphasizing the importance and significance of the natural and physical sciences, or where the representatives of these sciences have brought higher distinction to themselves and to their university, than here in the University of Chicago.

The past century is memorable above all others for the gigantic progress of the natural and physical sciences—a progress which has influenced more profoundly the lives and thought, the position and prospects of mankind, than all the political changes, all the conquests, all the codes and legislation. In this marvelous scientific advancement in all directions the sciences of living beings and their manifestations have progressed as rapidly and have influenced the material, intellectual and social conditions of mankind as much as the sciences of inanimate matter and its energies. So far as the happiness of human beings is concerned, there is no other gift of science comparable to the increased power acquired by medicine to annul or lessen physical suffering and to restrain the spread of pestilential diseases, although what has been accomplished in this direction is small indeed in comparison with what remains to be achieved. Man's power over disease advances with increased knowledge of the

<sup>1</sup> An address delivered at the convocation exercises of the University of Chicago, December 17, 1907.

nature and causes of disease, and this increase of knowledge has its sources in the educational system.

In asking your attention on this occasion to some of the conditions and problems of medical education and research, particularly in their relation to the university and to circumstances existing in this country, I am aware that the theme is trite and that I can add little that is new to its discussion, but the subject, however wearisome, requires ever renewed consideration so long as the conditions remain as unsatisfactory as at present and so many problems await final solution. Especially is it important that the nature of the problems should be realized by the teachers and authorities of our universities. I know that in this university much earnest thought has been given to questions of medical education, and wisely so, for I have every confidence that the medical department of this university, already doing such good work, is destined to be a leader in the promotion of higher medical education and the advancement of medical knowledge on this continent.

The historical and the proper home of the medical school is the university, of which it should be an integral part coordinate with the other faculties. Before there was a faculty of law at Bologna or of theology at Paris there was a school of medicine at Salernum, which, as is well known, occupies an interesting and unique position in the history of the origin and development of universities. From this early period to the present day no other type of medical school has existed on the continent of Europe than that of the university, and this union has been of mutual advantage, the renown of many universities being due in large part to their medical faculties, and these receiving the fostering care and the ideals of the university.

It was under the influence of these sound

traditions of the proper relation of medical teaching to the universities that the first medical schools in this country were founded, that of the College of Philadelphia, now the University of Pennsylvania, in 1765; that of Kings College, now Columbia University, in 1767, and after somewhat longer intervals those of Harvard, Dartmouth and Yale. The model for these early schools was the medical department of the University of Edinburgh, which derived its traditions from the University of Leyden, as these in turn can be traced back to the great Italian universities of the sixteenth century. We can contemplate with much pride and satisfaction the early history of these first American medical schools, which, notwithstanding their feeble resources, were imbued with a spirit of high purpose and just recognition of the qualifications needed for the pursuit of medicine as a learned profession.

It is deeply to be regretted that their successors did not continue to build on such foundations as those laid by John Morgan, William Shippen and Samuel Bard, but rather adopted and carried much further the plan of the proprietary medical schools which originated in England in the latter part of the eighteenth century and attained their highest development there during the first three decades of the following century, after which the hospital medical schools of a type peculiar to that country gained the ascendancy. We can transfer from our shoulders, however, only a minor part of the responsibility for the conception and establishment of the proprietary medical school, for the English form of this school was a harmless thing which never dreamed of conferring the doctor's degree and was regarded with disfavor by examining and licensing bodies.

The proprietary medical school, conducted for gain, divorced from any connection with a university and free from

any responsible outside control whatever, empowered by the state to usurp the university's right of conferring the doctor's degree and at liberty to set whatever standards it chose for obtaining this degree, which carried with it the license to practise, is a phenomenon unique in the history of education and a contribution to systems of education for which America is entitled to the sole credit. This is the type of medical school which prevailed in this country during the greater part of the nineteenth century, and familiarity has made it difficult for us fully to realize how anomalous and monstrous it really is. Even in the case of those schools which were united with a college or university the connection became in most instances so loosened as to be merely nominal and to secure practical autonomy to the medical school. In the common type of these schools there was no requirement of preliminary study worthy of the name, the only practical training was in the dissecting room and an occasional amphitheater clinic, and the degree and license to practise followed the passing of an easy examination after attendance on two annual courses of lectures lasting five or six months each, sometimes an even shorter period, the student hearing the same lectures each year.

It is needless to say that such conditions brought great reproach to American medicine and introduced evils from which we are not yet wholly free. Nevertheless the system, bad as it was, can be painted in too dark colors. The rapid multiplication of medical schools which followed the second decade of the last century was, although excessive, in response to the needs of a rapidly developing country pushing the boundaries of civilization ever westward. Still it would be difficult to find a sound argument for increasing the hard-

ships of frontier settlements and struggling communities by a supply of poor doctors.

The main relief to the picture is that the results were not so bad as the system. Many of the teachers were devoted, able men who imparted sound professional traditions and whose personality in a measure remedied the defects of the system. The native force, ability and zeal of many students enabled them to overcome serious obstacles and to acquire in the course of time, in spite of adverse circumstances, a mastery of their calling, perhaps a resourcefulness engendered by these circumstances, for even under the best conditions education does not end with the modicum of knowledge imparted in school and college. Some were so fortunate as to be able to supplement their inadequate training by European study. But among those without foreign training who were entirely the products of American conditions not a few were the peers of their European contemporaries, such as Daniel Drake, Jacob Bigelow, John D. Godman, William Beaumont, Nathan Smith Davis, Samuel D. Gross, Austin Flint, Marion Sims and others who have left names illustrious in the annals of our profession. Native vigor and resourcefulness enabled such men to surmount defects of an educational environment to which the average man must succumb.

Most gratifying is the rapidity with which medical education has risen during the last two decades from the low estate to which it had sunk during the greater part of the past century in this country. Among the more important causes contributing to this result may be mentioned the operation of laws transferring and, in fact, restoring the licensure to practise from the medical schools to state boards of examiners, whereby worthless medical schools are crowded to the wall and out of existence and others have been com-

elled to raise their standards, the moral pressure exerted through an awakened sentiment for reform on the part of the organized profession and the better schools, closer union between medical school and university and the consequent interest of university teachers and authorities in the problems of medical education, the example set by a few schools of a high order, endowment—although very inadequate—of medical education, which formerly was almost wholly neglected as an object in need or worthy of private or public beneficence, the advancement of medical science and art; necessitating improved methods and higher standards of professional training, and a juster and wider appreciation of the significance of curative and preventive medicine to the welfare of the community.

The history of medical education in America is still in the making, but we now have a number of schools with high standards and adequate equipment capable of giving to students of medicine a professional education as good as that to be obtained in European universities. The best and most progressive schools are those in organic union with a university, and it seems clear that to schools of this type belongs the future of higher medical education in this country. Nearly twenty years ago in an address at Yale University I endeavored to set forth the advantages of the union of medical school and university, and, as addresses, fortunately for those in the habit of giving them, are soon forgotten, I shall here summarize what I conceive to be the more prominent of these advantages.

Of all professional and technical schools the medical, with its requirements for laboratories, hospitals and teaching force, is the most costly. A medical department of a university is much more likely to be the recipient of endowment funds than an

independent school, and the university is a safer and more suitable custodian of such funds.

In manifold ways the environment of a university is that best adapted to the teaching and the advancement of medicine. The medical school needs the ideals of the university in maintaining the dignity of its high calling, in laying a broad foundation for professional study, in applying correct educational principles in the arrangement of the curriculum and in methods of instruction, in assigning the proper place and share to the scientific and the practical studies, in giving due emphasis to both the teaching and the investigating sides of its work, in stimulating productive research, and in determining what shall be the qualifications of its teachers and of the recipients of its degree. Most invigorating is the contact of medical teachers and investigators with workers in those sciences on which medicine is dependent—chemistry, physics and biology.

In the selection of teachers—a matter of the first importance—a university is in a superior position to secure the best available men wherever they can be found, regardless of any other consideration than fitness. Too often this choice has been determined in our medical schools by irrelevant influences and considerations and an outlook upon the world scarcely more than parochial in extent.

In the difficult matter of adjustment of professional training to conditions of collegiate education peculiar to our country there are manifest advantages in the union of medical school with university, especially where the periods of liberal and of professional study are made to overlap. Where the sciences adjuvant to medicine, as general chemistry, physics, zoology and botany, are included in the medical curriculum, as is done in the German and French universities, it is economical and

highly desirable that they should be taught in the collegiate or philosophical faculty rather than that separate provision should be made for them in the medical faculty, where they do not properly belong.

The benefits of union of medical school and university are reciprocal, and not to the medical school alone. A good medical faculty, properly supported and equipped, is a source of strength and of renown to the university possessing it, and its work in training students and in extending the boundaries of knowledge greatly increases the usefulness of the university to the community. Nor is there anything in this work which does not appertain to the proper functions of a university, however high its ideals. Indeed I venture to assert that the present and prospective state of medicine and its relations to the well-being of individual man and of human society are such that there is no higher or nobler function of a university than the teaching of the nature of disease and how it may be cured and prevented, and the advancement of the knowledge on which this conquest of disease depends. If it be said that the medical art is largely empiric, I reply that this, while true, does not make medicine unworthy of shelter in the university. The empiric method of discovery by trial and error has its glorious triumphs as well as the scientific and is not to be disdained. To it we owe such beneficial discoveries as the curative properties of quinine in malaria, vaccination against smallpox and the anesthetic uses of ether and chloroform.

But there is a scientific as well as an empiric side to medicine and the distinctive feature of modern medicine is the rapid extension of the former and the curtailment of the latter. The fundamental medical sciences—anatomy, physiology, physiological chemistry, pathology, pharmacology, bacteriology and hygiene—are rapidly advancing and important depart-

ments of biological science, which have contributed and will continue to contribute enormously to the progress of practical medicine. In an address which I had the honor to deliver somewhat over ten years ago at the dedication of the Hull Biological Laboratories of this university I took occasion to dwell with some detail upon the biological aspects of medicine.

We should add to the specialized medical sciences already mentioned the study of the problems presented by the living patient in hospitals and laboratories attached to hospital clinics where chemical, physical and biological methods can be applied to the investigation of clinical problems, which do not fall within the scope of other laboratories or can be less advantageously attacked in them. These clinical investigating laboratories are an important addition to the older analytical and statistical methods of study of disease and mark an advance from which valuable results have been obtained and more valuable ones are to be expected. It is highly desirable that our medical clinics should be organized with regard to this newer direction of work, for which they will require considerable funds.

The science of medicine has advanced in recent years more rapidly than the art and in its various branches it constitutes to-day a field of work most alluring and most rewarding to the properly trained scientific investigator, who, if he have the rare genius for discovery, may reap a harvest rich in blessing to mankind.

But the art of medicine has profited greatly by the application of scientific discoveries. The physician and the surgeon to-day can do far more in the relief of physical suffering and in the successful treatment of disease and injury than was formerly possible, but the great triumphs have been in the field of preventive medicine. The horizon of the average man's

interest in medicine scarcely extends beyond the circumference of his own body or that of his family, and he measures the value of the medical art by its capacity to cure his cold, his rheumatism, his dyspepsia, his neurasthenia, all unconscious, because he does not encounter them, of the many perils which medicine has removed from his path through life. What does he know of the decline in the death rate by one half and of the increase in the expectation of life by ten or twelve years during the last century? How many are there whose attention has been called to the significant fact that this increase in the expectation of life ceases with the forty-fifth year because we have as yet no such insight into the causes and prevention of the organic diseases of advancing life as we have into the manner of propagation of infectious diseases, which are responsible for the larger part of the mortality of the earlier years? The suffering and the waste of energy, money, production and human lives from preventable sickness and death are still incalculable, but how little heed do legislators and authorities in our national, state and municipal governments pay to the appeals of physicians and enlightened economists to make adequate provision to check this waste! For this condition of things the medical profession is largely responsible in failing to enlighten the public and in shrouding its art with the mystery of an occult science, but it is beginning to rise to its high mission of public education in ways of preserving health and of preventing disease.

I have touched on these matters relating to the present and future state of the science and art of medicine, not with the view of recounting the achievements of modern medicine, but to indicate something of their importance to individual and to civic life and to show that in fostering the teaching and study of medicine the university finds

a field worthy of its highest endeavors in the propagation of useful knowledge and in service to the community.

From what has been said we may, I think, assume with confidence that the best and in time the prevailing type of American medical school is destined to be that represented in medical departments in vital union with universities. In so far our system of medical education will conform to that of Germany and France, but in an important respect there is and will doubtless remain a difference due to the fact that in those countries the courses of study and the qualifications for the degree and the license to practise are moulded into practical uniformity by the regulations of the state. Nothing is more characteristic of the conditions of medical education in our country than the great diversity of the requirements and curricula of the various medical schools, even of those of the better sort. Entire uniformity is not to be expected and not to be desired, but at least such a measure of agreement should be secured as will permit students to pass freely from one university to another and to acquire, it is to be hoped, something of the habit of wandering which is such an enviable feature of student life in the German universities.

No problem of medical education in this country is so perplexing or has given rise in recent years to so much discussion and difference of opinion as that of the preliminary education to be required for the study of medicine. If I could announce a universally satisfactory solution of this problem, I should claim the honors of an important discovery, but as I can not do so I shall forego on this occasion its detailed discussion, with a self-sacrificing forbearance which I trust may be commended by my hearers. It must suffice to enumerate the attempts at a solution, premising, what is generally recognized, that the difficulties

arise from the anomalous development of the American college for many years, making it, however admirable it may be for certain educational uses, almost unadjustable to the needs of professional education.

The preliminary requirement of the bachelor's degree in arts or science should, in my judgment, carry with it the specification of collegiate laboratory training in physics, chemistry and biology, with a reading knowledge of French and German. These requirements have been in successful operation in the medical department of the Johns Hopkins University since its foundation in 1893, their adoption being necessitated by the acceptance of the terms of Miss Garrett's gift of endowment. We are satisfied with the working of these requirements and would not lower them if we could, but it must be conceded that, while there is room for medical schools with these standards, the country is not ripe for their general adoption. The medical department of Cornell University has recently announced the intention to introduce similar requirements, and the Harvard University Medical School demands the bachelor's degree without the other requirements mentioned.

In order to meet the objection that the average age of graduation from our colleges is at least two years beyond that at which professional study usually begins in Europe, various attempts have been made to truncate the college course or to telescope a quarter to a half of it into the period of professional study, making one course of study count for two degrees. Manifest objections and embarrassments attend all of these attempts to find a suitable stopping place between the high school and the end of the college course. The plan adopted in this university to demarcate with some sharpness the first two years of the college course from the remainder and to

exact the completion of these two years of study as the requirement preliminary to the study of medicine has much to recommend it under existing conditions. I learn from the last report of the Council on Medical Education of the American Medical Association that one medical school, the medical department of Western Reserve University, demands as a prerequisite to the study of medicine three years of study in a college of arts or science, sixteen require two years of collegiate study, eleven of these schools being in the middle west or west, and thirty-one require one year, of these, nineteen being in the middle west or west.

The Council on Medical Education just mentioned, of which Dr. Bevan is the energetic and efficient chairman, has entered as a strong force for the elevation of standards of medical education in this country, and, while it has not the power of the British General Medical Council to make effective its recommendations, it can exert a most beneficial influence. It is significant that at its first conference, held in 1905, it recommended as the minimum preliminary requirement to be generally adopted by our medical schools an education sufficient to enable the student to enter the freshman class of a recognized college of arts or a university, and now it recommends that in 1910 to this shall be added a year's study of physics, chemistry and biology, with one modern language, preferably German. The time has gone by when it is necessary to emphasize before an audience such as this the importance of laboratory training in physics, chemistry and general biology as fundamental to the successful study of medicine.

While it is not feasible to exact the preliminary study of the ancient classics, save some acquaintance with Latin, I feel that they are of value to the physician and that a liberal education and broad culture raise

the influence and standing of the physician in the community, enhance and widen the intellectual pleasures of his life, instil an interest in the history of medicine and give him greater joy in the pursuit of a noble profession. It is important, especially for medicine, that this culture be imparted by methods of liberal education which do not blunt man's innate curiosity for the facts of nature.

There can be no more striking evidence of the progress of medical education in this country during the last quarter of a century than that it is no longer the laboratory, but the clinical side of medical teaching which offers the urgent problems. Only a few years ago the cry was the need of laboratories; now, while a sufficient supply of good laboratories is still beyond the resources of many medical schools, their value is fully recognized and all of our better schools possess them and are devoting probably as much of the time and energies of teachers and students to work in the laboratories as is desirable. There is even some risk, I believe, that a subject which can be studied with facility and advantage in a laboratory may acquire, on this account, a position in the scheme of medical studies disproportionate to its relative importance. The structure of organized beings, normal or diseased, for example, is eminently adapted to laboratory study, and for centuries normal anatomy had an educational value all its own, because it was the only subject which students were taught in the laboratory, whereas the study of function, certainly not less important, is much more difficult to approach by the laboratory method, and even at the present time normal physiology and especially pathological physiology do not receive the attention in medical education to which their importance entitles them.

It is interesting to note the impressions which Professor Orth, of Berlin, an acute

observer and most competent judge in all matters pertaining to medical education, received from his visit to this country three years ago regarding our laboratories and clinics. In an address conveying these impressions to the Berlin Medical Society he expresses his astonishment and satisfaction that, in contrast to the prevalent opinion in Germany as to our medical schools, he found that fully as much emphasis is placed on laboratory teaching here as there, that the laboratories which he visited are as good, their arrangements in some instances arousing his envy, and the methods of teaching practically the same as in Germany, whereas he gathered the impression that the opportunities and methods of clinical teaching are less satisfactory than in Germany and not commensurate with those of our laboratories.

I do not desire to instil sentiments of undue complacency regarding the condition of laboratory teaching in our medical schools, for there is still room for much improvement in this regard. Many schools are sadly deficient and even the best have not all that is needed in the supply and maintenance of laboratories, but the time has come to give especial emphasis to directions of improvement in the teaching of practical medicine and surgery. The making of good practitioners should always be kept to the front as the prime purpose of a medical school.

I believe that in most medical schools at present the clinic falls behind the laboratory in affording students opportunities for that prolonged, intimate, personal contact with the object of study, in this instance the living patient, which is essential for a really vital knowledge of a subject. To secure this, amphitheater clinics and ward classes alone do not suffice, valuable as these are, but students under suitable restrictions and supervision and at the proper period in their course of study should work in the

dispensary and should have free access to patients in the public wards of hospitals, acting in the capacity of clinical clerks and surgical dressers as a part of the regular, orderly machinery of the hospital.

In order to place the clinical side of medical instruction on the same satisfactory foundation as that of laboratory teaching, two reforms are especially needed in most of our medical schools.

The first is that the heads of the principal clinical departments, particularly the medical and the surgical, should devote their main energies and time to their hospital work and to teaching and investigating without the necessity of seeking their livelihood in a busy outside practise and without allowing such practise to become their chief professional occupation. This direction of reform has been forcibly urged in this city and elsewhere by my colleague, Dr. Barker, whom we have reclaimed from you, in notable papers and addresses.

The other reform is the introduction of the system of practical training of students in the hospital, which I have indicated, and with it the foundation and support of teaching and investigating laboratories connected with the clinics, to which I have already referred, necessitating the possession of a hospital by the medical school or the establishment of such relations with outside hospitals as will make possible these conditions. This subject, as thus outlined, I made the theme of an address at the opening, six months ago, of the new Jefferson Medical College Hospital in Philadelphia, and I shall now recur only to the point which I endeavored there to establish, that the teaching hospital subserves the interest of the patient not less than that of the student and teacher and is the best and most useful kind of public hospital.

Hospitals make generally a stronger appeal to public and private philanthropy than the support of medical education, but

I do not hesitate to affirm that a general hospital in a university city, whether maintained by public funds or by private benevolence, serves the community and the interests of its patients far better when it is readily accessible and freely available for the purposes of medical education than when it is divorced from connection with medical teaching. Witness the great public hospitals in Vienna, Berlin, Munich, Leipsic, Paris, London, Edinburgh, Dublin and a few in this country. It is most deplorable both for the hospitals and for the medical schools that these two institutions, which should be linked arms of medical education, should have developed in this country so far apart, that state and municipal authorities and private founders should have so little realization of the inestimable advantages which close association with a good medical school can confer on a hospital, and that the immense possibilities of public hospitals in our large cities for the education of students and physicians and for the advancement of medical knowledge should be utilized to so small an extent, often not at all.

It would be one of the greatest benefits to the cause of higher medical education if the University of Chicago, for its medical department, should come into possession of a good general hospital and fortunate the hospital which enters into this relationship. This university, the source of so many important contributions to the advancement of knowledge and of higher education, will then be, in larger measure than it now finds possible, a center of similar service to medicine.

Medical education partakes fully of the freedom, so amazing often to many of our European colleagues, with which we unhesitatingly try all sorts of educational experiments in this country—it is to be hoped and expected for the ultimate benefit of systems of education, whatever the im-

mediate results may be in individual cases. The theme of this address naturally suggests many topics relating to methods of teaching and to the medical curriculum which are questions of the day, but which I must lay aside through lack of time. On one only I beg to say a few words.

In contrast to the German system, the tendency in our American medical schools has been toward a rigid curriculum, which, though widely divergent in different schools, is to be followed in precisely the same way by all students without any consideration of differing ability, capacity for work, special aptitudes and interests. One of many unfortunate results is that subjects and courses of study which can not properly be imposed as obligatory on already overburdened students find no place in our medical schools, which should aim to cultivate the whole field of medicine. I agree with Dr. Bowditch and my colleague, Dr. Mall, to whose admirable presentation of this subject I would refer those interested, that our students should have a greater latitude of choice than is now customary in subjects to be pursued, in the amount of time to be devoted to their study and in the order in which they may be taken. Complete freedom can not be granted. A minimum requirement for the principal subjects must be made obligatory, but if this minimum is properly fixed there remains room for a considerable range of choice of subjects and courses, greatly to the advantage of student and teacher. At the Harvard Medical School the system of electives for the fourth year of the course has been in operation for several years, and other medical schools have also introduced a similar plan. At the beginning of the current academic year we adopted at the Johns Hopkins Medical School a scheme by which a large number of elective courses are offered throughout the four years, and the plan is now working most successfully.

Some of our state boards of examiners are greatly exercised over the differences which they find in the curricula of the various medical schools in this country, and which in themselves are merely an indication that there is, and, in my judgment, there can be no agreement of opinion as to every detail of a medical curriculum. There are doubtless defects to be remedied, but in attempting to apply remedies these state boards should concern themselves with no other question than that of educational standards. They could make no greater mistake nor inflict more serious injury on the efforts of the better schools to improve their methods of teaching than to attempt to impose a uniform and rigid obligatory curriculum on all schools. They do not in their examinations apply any practical tests whatever to determine the candidate's fitness for the practise of medicine, whereas our better schools are exerting every effort to increase their efficiency by substituting practical work in laboratories, hospital wards and out-patient departments for didactic lectures. The work of students who gain their knowledge by serving as clinical clerks and surgical dressers in the hospital can not be measured by time standards in the same precise way as that of attendance on expository lectures. Above all, the better schools should not be hampered by restrictions imposed by state boards of examiners in freedom to extend the system of electives of which I have spoken.

The medical department of a university should be a school of thought, as well as a school of teaching, *academia* as well as *schola*. Although there has been gratifying progress in recent years, our medical schools have not advanced along the path of productive research to the same extent that they have in the way of improvement of their educational work. There are several reasons for this condition. For one

thing we have been too busy setting our houses in order for their primary uses in the training of students to have given the requisite attention to other questions which, however important, may have seemed for the moment less urgent. With the degree of emphasis thus placed on the educational side teaching gifts rather than investigating capacity have been sought as the most desirable qualification of professors in our medical schools. The power of imparting knowledge, gained second-hand, fluently and even skilfully, is not an uncommon gift and is possessed by many who have never engaged in research and have no especial inclination or aptitude for it, but the teaching of him who has questioned Nature and received her answers has often, and I think commonly, in spite it may be of defects of delivery, a rarer and more inspiring quality.

A medical school or university can not expect to fill all of its chairs with men with the genius for discovery—if it has one or two it has a treasure beyond all price—but every effort should be made to secure as occupants of these chairs from among those who are available, wherever they can be found, the ones who have demonstrated the greatest capacity to advance knowledge by original investigation and the ability to stimulate research. Until this principle is more fully and generally recognized and acted on in the selection of heads of departments, our medical schools as a class will not become important contributors to knowledge. It is not enough that a few schools should encourage and provide for original investigation; the field must be a wide one in order to attract many to a scientific career, for of the many only a few will be found endowed with the power of discovery. There is no possible way of recognizing the possessor of this power before he has demonstrated it. Even when a university has succeeded in attaching to it

those who can conduct scientific inquiry successfully, how often are their energies sapped by lack of adequate resources and enough trained assistants and by too great burden of teaching and administrative work imposed on them!

It is evident from what has been said, and indeed it has been a tacit assumption throughout this address, that, while with present resources considerable improvement in medical education in this country is possible, further progress is largely a question of ways and means. What makes modern medical education so costly is precisely its practical character, necessitating laboratories and hospitals, and it can be made self-supporting no more than any other department of higher education. For reasons already stated, the medical departments of strong universities are the ones most likely to receive the funds needed for the support of medical education and are in general the most deserving. There is a great future before the medical schools of many of our state universities, which are already developing with such promise and are sure to receive in increasing measure aid from the state as their needs and the benefits accruing to the community from their generous support are more and more fully appreciated. Other universities must look to private endowment, and I have endeavored to show that they should foster their departments of medicine as zealously as their other faculties. The university chest should be opened, so far as possible, to supply needs of the medical school, and authorities of the university should present the claims of medical education to financial aid as among the most important in their domain, and they can do so to-day with a force of appeal not possible a quarter of a century ago. President Eliot, whose services to the cause of medical education are great, in his address at the opening of the new buildings of the Harvard

University Medical School, set forth with admirable force and clearness the changes which advancing medicine has brought in the vocation of the physician, his greatly increased capacity of service to the community and his still higher mission in the future.

The discoveries which have transformed the face of modern medicine have been in the field of infectious diseases, and in no other department of medicine could new knowledge have meant so much to mankind, for the infectious diseases have a significance to the race possessed by no other class of disease and problems relating to their restraint are scarcely less social and economic than medical. The public is awakening to this aspect in the case of tuberculosis, and I need only cite as a further example the necessity of keeping in check the malarial diseases and yellow fever for success in digging the Isthmian Canal, an undertaking in which the triumphs of the sanitarian, Colonel Gorgas, are not outrivaled by those of the engineer. Such victories over disease as those of the prevention of hydrophobia by the inoculation of Pasteur's vaccine and the antitoxic treatment of diphtheria have made an especially strong impression on the public mind.

More than all that had gone before in the history of medicine the results achieved during the last quarter of a century in exploration of the fields of infection and immunity opened by the discoveries of Pasteur and of Koch have stirred men's minds to the importance of advancement of medical knowledge, and medical science at last has entered into its long awaited heritage as a worthy and rewarding object of public and private endowment. But it is to be noted that it is not so much the education of doctors as this advancement of knowledge which makes the strong appeal, as may be illustrated by the splendid

foundation of the Rockefeller Institute for Medical Research through the enlightened generosity of the founder of this university, the Phipps Institute for the Study and Prevention of Tuberculosis, and the Memorial Institute for the Study of Infectious Diseases, established in this city by Mr. and Mrs. Harold McCormick, which under the efficient direction of Dr. Hektoen has become a most active and important contributor to our knowledge of infection and immunity.

These magnificent additions to the resources of this country for the promotion of medical investigations are of inestimable value, but not one of them could have justified its existence by results if it had been established in America thirty years ago, when medical education was so defective. The dependence of research on education is of fundamental importance. The prime factor influencing the development of scientific research in any country is the condition of its higher education. Scientific investigation is the fruit of a tree which has its roots in the educational system, and if the roots are neglected and unhealthy there will be no fruit. Trained investigators are bred in educational institutions. Independent laboratories are dependent on a supply from this source, and without it they can not justify their existence, but where proper standards of education exist such laboratories have a distinctive and important field of usefulness. I contend, therefore, that those interested in the advancement of medical knowledge should not be indifferent to the condition of education in our better medical schools and should not rest on the assumption that the educational side can be safely left to take care of itself.

Moreover, those who are to apply the new knowledge are physicians and sanitarians. The public is vitally interested in the supply of good physicians, never so

much as to-day when their power to serve the welfare of the community has been so vastly increased and is rapidly growing, and if it wants good doctors it must help to make them.

I have been able, within the limits of this address, to indicate only a relatively small part of the increased strength gained by both medical school and university by the combination of their forces, but I hope that I may have conveyed some impression of the rich fields of discovery, of the beneficent service to the community, of the important educational work opened to the university by close union with a strong department of medicine, and of the inestimable value to medicine of intimate contact with the fructifying influences and vitalizing ideals of the university. Where is there a university which, if provided with the requisite resources, gives stronger assurance of securing these mutual benefits than the University of Chicago, so fruitful in achievement during its brief but eventful history, so vigorous in its present life, so full of high promise for the future, and where in all this land is there a location more favorable to the development of a great university medical school than here in the city of Chicago? Such a development is bound to come and the sooner it arrives the earlier the day when America shall assume that leading position in the world of medical science and art assured to her by her resources, the intelligence of her people, her rank among the nations and her high destiny.

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#### SCIENTIFIC BOOKS

*Denatured or Industrial Alcohol.* By RUFUS FROST HERRICK. 8vo, pp. ix + 516. 163 figures. New York, John Wiley and Sons. 1907. Cloth, \$4.00.

The preliminary announcements, the contents and the preface of this book were full of

promise and the reviewer opened it with great expectations. But, in reading, he experienced a succession of disappointments, and closed it with the sincere wish that he could be excused from the ungracious and uncongenial task of writing the review.

Chapter I. (16 pp.) contains some brief, interesting, historical items, also tables and extracts from consular reports relating to the use of denatured alcohol.

Chapter II. (47 pp.) describes methods of manufacture of alcohol from potatoes, corn, molasses and some other materials. Dr. Wiley's suggestion that cassava root is a promising raw material is not alluded to. There are numerous good cuts of machines. Under the heading "Theoretical *versus* Practical Yields of Alcohol" calculated yields are compared with those actually obtained from different raw materials.

The microorganisms and fermentation are not given space and thoroughness of treatment proportionate to their importance in the industry. The work of Pasteur, Hansen, Buchner, Effront and others, is disposed of in a few lines for each, and no references are added. A small figure in the upper corner of page 42 is the only illustration of yeasts and the magnification is not given. We could readily spare the picture of a floating thermometer (ordinary dairy or bath thermometer) on page 27 and the full-page illustration of "the largest fermenting tank in the world" on page 33, which shows nothing distinguishing it from a railroad water tank surrounded by a group of workmen, in order to make room for a little more information regarding those interesting microorganisms and the investigations done upon them.

There is an unnecessary duplication of some figures. For instance, cuts of ordinary floating hydrometers, the form of which may be assumed to be familiar to most readers, are found on pages 47, 48, 123, 142 and 259. On the other hand, pycnometers, probably less familiar objects and occurring in a greater number of useful forms, are not given one illustration.

Chapter III., upon the distillation and rectification of alcohol (58 pp.), abounds in electro-